

SERVICE STANDARD
INDIANA DEPARTMENT OF CHILD SERVICES
COMMUNITY PARTNERS FOR CHILD SAFETY
Effective 7/1/2015
Revised 7/1/2015

I. Community Partners For Child Safety Description

The purpose of this program is to provide a child abuse prevention service that can be delivered in every region in the state. Families in each county in the region will be able to access services. This service will collaborate with other partners in the region and build community resources in order to ensure there is a coordinated prevention network throughout the region. The service will be for those families that are identified through self-referral or other community agency referrals. The service will also provide Community Partners (formerly known as Neighborhood Liaisons) to connect families to resources to strengthen the family and prevent child abuse and neglect.

Partners of the Community Partners for Child Safety program within the community and resources could include, but are not limited to: schools, social services agencies, health care providers, public health, hospitals, child care providers, community mental health agencies, local DCS offices, child abuse prevention agencies like Healthy Families and local Prevent Child Abuse Councils, Youth Services Bureaus, Safe Place, Child Advocacy Centers, First Steps, Head Start, Domestic Violence service providers, faith-based community resources, and substance use/abuse service providers. In general, each community defines its own resources.

II. Service Delivery Requirements

Service Component:

- A Project Manager must be employed to develop the partnerships, service delivery mechanisms, and governance
- Community Partners must be employed to utilize DCS approved assessment tools, provide home based services, refer family to community resources, provide on-call crisis intervention and provide supportive services to families on a voluntary basis
- Parent Partners engagement efforts must be part of service delivery and program evaluation efforts in order to support the development of Parent Leadership within the region
 - Parent Partners may be employed or receive a stipend to lead peer group meetings, mentor clients, act as spokesperson for the program for outreach efforts, participate in governance and coordinate local family activities
- Direct services should be administered per an evidenced based or promising practice model.
- Development of family service plans that include no more than 3 goals that the family identifies. The development of these plans may include a solution-focused

family team meeting in which all persons chosen by the family are included. Members present may assist with planning and goal development.

- Evidence-based or promising practice classes and support groups will be developed for families as identified and needed (parenting skills building, life skills development, and self improvement)
- On-call staff availability for crisis intervention and referral if needed
- Ten (10) days after achieving all goals, new goals should be added for the family or the family should be discharged.

NOTE: the family may voluntarily withdraw from the program at any time

- Short term counseling services may be provided.
 - Individuals providing counseling services must meet the minimum qualifications and supervision expectations as outlined in the DCS service standard for Counseling.
- “The Institute for Strengthening Families,” is offered by DCS twice per year, offering intensive training through skill building seminars provided by subject matter experts. The seminars are relevant to substance abuse, domestic violence, development and infant and adult mental health.
 - Community Partner Agencies will be required to have Project Managers attend a half-day provider meeting at each Institute.
 - Community Partner Agencies are encouraged to send representatives to the Institute to meet their training needs.
 - Community Partner Agencies are encouraged to participate in and submit training topic requests to the Institute Planning Committee.
- Agencies will use assessment tools identified by DCS.
 - The current tools are the “Parenting Inventory for Community Partners” and the “North Carolina Family Assessment Scale - General”. These will be used to measure improvement over time.
 - DCS will conduct required trainings on the assessment tools at “The Institute for Strengthening Families.”
 - The “Parenting Inventory for Community Partners” will be used to measure improvement in family functioning as completed by the parent. It will be completed when:
 - The family initially engages in home based services.
 - When the family has completed at least 8 face-to-face contacts.
 - The North Carolina Family Assessment Scale - General will be used to measure improvement as completed by Community Partner for Child Safety service delivery staff. It will be completed when:
 - The family initially engages in home based services.
 - When a family terminates services after 4 and no more than 8 face-to-face contacts.
 - When the family has received its 8th face-to-face contact.

Community Component:

- Community Partner agencies will participate with other agencies to develop a collaborative network of community resources that will support families

- Identify an advisory group for the Region that focuses on community development
- Participate in community events and outreach to build new relationships and support local prevention efforts and agency activities
- Create opportunities to build a volunteer pool
- Develop opportunities for additional funding and financial support
 - Report quarterly progress to the DCS Prevention Consultant of additional funding sources committed to Community Partners Agencies
- Develop contacts and a presence through the entire region
- Work with local community administrators such as: Police Departments, Mayors' Offices, Hospitals and school districts
- Partner with existing providers that offer child and family services, including prevention service providers in the region
- The Community Partners for Child Safety program is partially funded through the Kids First Trust Fund. For this reason, the KFTF board is requesting providers to recognize the KFTF through their work in the region and make efforts to promote donations to the KFTF and encourage the purchase of the Kids First license plates. Providers will report promotion efforts to the DCS Prevention Consultant on a quarterly basis to be shared with the Kids First Trust Fund Board. The KFTF donation site: <http://www.in.gov/dcs/2456.htm>

Subcontracting Component:

- A percentage of funding (not more than 30% of the Region's allocation) may be utilized for other prevention services.
 - This funding will be allocated to be subcontracted for services that meet the prevention priority needs that are identified by the Regional Services Council.
 - Regional Services Councils may reduce the percentage for other prevention services and allocate additional funds to Community Partners for Child Safety services. However, Regional Services Councils may not increase above 30% for other prevention services.
 - If the Community Partners for Child Safety agency wishes to utilize some of the funding for other prevention services, for a program it operates within its agency, the agency should submit a proposal to the Regional Services Council for their consideration. This would include such prevention services that fall outside of the Service and Community components outlined above such as Therapeutic interventions. The Regional Service Council will make recommendations to DCS Services and Outcomes Division, Prevention Team as to whether or not the funding should be utilized for this purpose. DCS Services and Outcomes Division, Prevention Team will make all final decisions regarding funding.
- Work with the Regional Service Councils to identify the regional prevention priority needs
- Issue Requests For Proposals to identify the services that meet the regional prevention priority needs

- Select the providers to offer services that meet the prevention priority needs
- Provide quarterly reports on outcomes to the Regional Services Council and to the DCS Prevention Consultant
- Administer prevention funds for the Region and collect a maximum 7.5% administration fee
 - the administration fee is only applied to the subcontracted amount

NOTE: The Community Partner for Child Safety contracted agency is responsible for selecting subcontractors to provide prevention services; for monitoring services provided by the subcontractors; and ensuring the subcontractors are in compliance with all contractual terms and conditions.

III. Target Population

A. Services must be restricted to the following eligibility categories:

- 1) Children and families for whom DCS does not currently have an open, on-going case.
 - a) In special circumstances a CPCS referral may be made, while there is an open DCS case that is close to closure. Special permission by the DCS Prevention Director or designee is required for any CSCS service to begin while there is an open DCS case. This request should be made in writing by the CPCS agency and should detail why starting CPCS services prior to the DCS case closing is in the best interest of the family.
 - i. If the CPCS agency starts services with a family that has an open DCS assessment, the CPCS agency must inform the family, as part of the intake packet, that if DCS opens a case, the CPCS services will end and the family will receive services through the open case. The family may return to CPCS services, if they chose once the DCS case is closed.
 - b) Older Youth in foster, who have a Collaborative Care Case Manager (3CM), and who have children that do not have an open DCS case may be eligible for CPCS services. Special Permission by the DCS Prevention Director or designee is required for any CSCS service to begin while there is an open DCS case. This request should be made in writing by the CPCS agency and should detail why starting CPCS services prior to the DCS case closing is in the best interest of the family.
 - i. These requests are to be staffed by the DCS Prevention Director and DCS Assistant Deputy of Services & Outcomes or Older Youth Initiatives designee.
- 2) Families that have been referred by a community resource or who self refer due to a determination that, with timely, effective, and appropriate prevention support services, family functioning can be improved and child abuse and neglect prevented.
- 3) Families that do **not** meet the criteria for Healthy Families participation, or if Healthy Families is at capacity, those families needing services may be referred to Community Partners. At no time can both Community Partners and Healthy Families service the

same family unless both programs are provided in a coordinated manner that is determined appropriate and approved by the DCS Prevention Director.

- 4) If the Juvenile Probation Department has an open case on a child, and that child is placed outside of the home, the family can receive Community Partners services if there are other children in the home.

Note: Community Partners for Child Safety shall not be used as a substitute for other DCS funded Community Based or Concrete Services available to open DCS and Juvenile Probation cases.

B. For purposes of evaluation, upon completion of services people/families will be classified as belonging to one of three categories of services:

- 1) Information and referral (I&R),
- 2) Short Term. Short Term services are seven face-to-face contact or less,
- 3) Long Term. Long Term services are eight face-to-face contact or more.

IV. Goals

Goal #1

Prevent CPS referrals and prevent families from entering the DCS system.

Outcome Measures

- 1) 90% of referred families will receive information about Community Partners.
A referred family that requests only speaking with an agency to get their questions answered or for a referral to other community resources, shall be documented as an Information and referral (I&R).
- 2) 90% of families referred will receive a telephone call or a face to face contact within 5 working days of referral.
Documentation of all service activities is required.
- 3) 75% of families accepting services will have a minimum of short term service that consists of at least one referral to a community partner and/or community resource.
- 4) 50% of referrals will engage in Neighborhood Liaison services.
Neighborhood Liaison services are defined as having a face to face contact a signed family consent form, a completed initial assessment on both the NCFAS and HFPI, and at least one identified goal.
- 5) 90% of the families participating in Neighborhood Liaison service, with consent, will have a service plan that identifies at least one goal but no more than 3 active goals.
- 6) A. 90% of families with 8 or more face-to-face contacts will have a second assessment of family functioning with the Parenting Inventory for Community Partners.
B. 75% of families receiving 8 or more face-to-face contacts will demonstrate improvement in family functioning as measured by the Parenting Inventory for Community Partners or other standardized tool approved by the Department of Child Services.

- 7) A. 90% of families with 8 or more face-to-face contacts will have a second assessment of family functioning with the North Carolina Family Assessment Scale - General (NCFAS) due at the 8th face-to-face contact.
If the family terminates prior to the 8th face-to-face, but has had at least 4 face-to-face encounters, the staff will fill out the second administration of the NCFAS.
B. 75% of families will show improvement in family functioning as measured on the NCFAS after a minimum of 8 face-to-face contacts.
- 8) 75% of families, with consent, will accomplish at least one goal as identified in the family service plan.
- 9) 95% of families receiving 8 face-to-face contacts will not have a substantiated child abuse assessment following the 8th contact for a period of 12 months after discharge.
- 10) 100% of participants who become clients of Community Partner for Child Safety services will receive no more than 6 months of direct short and/or long term services in a calendar year.

Goal #2

Regional Services Council (RSC) and family satisfaction with services

Outcome Measures

- 1) DCS RSC satisfaction will be rated 4 and above on the Service Satisfaction Report.
- 2) 90% of the families who have participated in prevention activities will rate the services “satisfactory” or above (using a uniform client satisfaction survey developed by the CPCS Agency).

Data Collection

- 1) Must enter all client data and service data, into the DCS approved database system provided by DCS. At a minimum, providers will be expected to gather the following information:
 - Date of referral
 - Date of consent
 - Date of assessment and assessment data
 - Date(s) of face to face contact(s)
 - Family goal(s)
 - Date goal was met
 - Termination date and reason

Note: due to evolving Community Partner standards and requirements, the above are minimum expectations for data collection and providers must acknowledge understanding and agreement that DCS may expand on the above list of required information in the upcoming contract cycle.

- 2) As each event occurs, all data will be entered into the DCS approved database within 5 working days. Specific client files will contain assessment tools, goal(s) identified in the family service plan, and casenotes documenting the progress toward reaching those goals. Reports will be obtained through the DCS approved database system. The provider will assure that all the data elements are completed in the state data system.

Quality Assurance

- 1) DCS Staff may conduct site visits and case file reviews as a means of ensuring quality service provision.

V. Qualifications

Minimum qualifications:

- 1) Project Managers are to have a Masters Degree in social work or in a related human service field and 2 years of relevant experience, or a Bachelors Degree in social work or a related human service field with 5 years relevant experience.
- 2) Community Partners (formerly Neighborhood Liaisons) are to have:
 - a. Bachelor's degree in social work, psychology, sociology, or a directly-related human service field from an accredited college OR
 - b. Other Bachelor's degrees will be accepted in combination with a minimum of three years experience working directly with families in a human service field OR
 - c. Associate's degrees in a related human services field with a minimum of three years experience working directly with families in a human service field OR
 - d. High School Diploma or equivalent with a minimum of five years experience working directly with families in a human service field
- 3) Parent Partners may work on a part time or stipend basis. A parent partner is preferred to be a parent who has successfully completed the program and is needed to mentor and assist other parents enrolled in the program.
 - a. The parent partner may have a secondary degree or a GED equivalent, but these educational requirements may be waived if the parent partner is judged by the Project Manager to have the skills necessary to engage parents in the successful completion of their goals.
 - b. Criminal and child protection history will be considered on a case-by-case basis.
 - c. The parent partner must be able to take direction and collaborate with multiple agencies within the community including: the contract agency, DCS and most importantly, a wide range of families.

VI. Billable Units

Payment for services will be based on actual allowable costs. There is a 7.5% Administration fee for subcontracts. Grantees will bill monthly based on these payment points:

.1-personnel

- .2-other
- .3-contracts
- .4-supplies
- .5-equipment
- .6-buildings/lands
- .7-indirect cost
- .8-travel
- .9-Administration fee for subcontracts
- .11-Other Prevention Services

VII. Adherence to the DCS Practice Model

Services must be provided according to the Indiana Practice Model. Providers will build trust-based relationships with families and partners by exhibiting empathy, professionalism, genuineness and respect. Providers will use the skills of engaging, teaming, assessing, planning and intervening to partner with families and the community to achieve better outcomes for children.

Cultural and Religious Competence. Provider must respect the culture of the children and families with which it provides services. All staff persons who come in contact with the family must be aware of and sensitive to the child's cultural, ethnic, and linguistic differences. All staff also must be aware of and sensitive to the sexual and/or gender orientation of the child, including lesbian, gay, bisexual, transgender or questioning children/youth. Services to youth who identify as LGBTQ must also be provided in accordance with the principles in the Indiana LGBTQ Practice Guidebook. Staff will use neutral language, facilitate a trust based environment for disclosure, and will maintain appropriate confidentiality for LGBTQ youth. The guidebook can be found at:

<http://www.in.gov/dcs/files/GuidebookforBestPracticeswithLGBTQYouth.pdf>

Efforts must be made to employ or have access to staff and/or volunteers who are representative of the community served in order to minimize any barriers that may exist. Contractor must have a plan for developing and maintaining the cultural competence of their programs, including the recruitment, development, and training of staff, volunteers, and others as appropriate to the program or service type; treatment approaches and models; and the use of appropriate community resources and informal networks that support cultural connections.

VIII. Child Safety

Services must be provided in accordance with the Principles of Child Welfare Services. Please note: All services (even individual services) are provided through the lens of child safety. As part of service provision, it is the responsibility of the service provider to understand the child safety concerns and protective factors that exist within the family. Continual assessment of child safety and communication with the Local DCS Office is required. It is the responsibility of the service provider to report any safety concerns, per state statute, IC 31-33-5-1. All service plans should include goals that address issues of child safety and the family's protective factors. The monthly reports must outline progress towards goals identified in the service plans.

